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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None F.P.

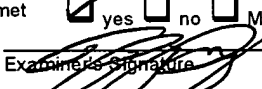
## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 0301897-5 06/27/2003

F.P.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/03/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature:  Initials: F.P.	OH	2	20	2

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## TITLE

Reference standard and method for calibration

FILING FEE  RECEIVED 1226	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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